

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025866

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 229

FILED JUL 23 1962

1. PLACE OF DEATH

a. COUNTY Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kirksville

Length of stay in 1b
yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Com. Nursing Home # 2

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Adair

c. CITY OR TOWN Kirksville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
121 E Burton

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

Daniel F Turner

4. DATE OF DEATH

Month July

Day 17

Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6-16-1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during ~~life~~ ^{last} life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Garage and Main

11. BIRTHPLACE (City and state or country)

Macon CO. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Thomas Turner

13b. MOTHER'S MAIDEN NAME

Susan Lile

14. NAME OF HUSBAND OR WIFE

Alta Adams Turner (D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

21 Kenneth Turner, Kirksville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cachexia et Debilitation

INTERVAL BETWEEN ONSET AND DEATH

weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral Encephalomalacia

Months

DUE TO (c)

Cerebral Arteriosclerosis

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 14, 1962 to July 17, 1962 and last saw him alive on 7-16-62
Death occurred at 4:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George H. Schenker, D.O.

22b. ADDRESS

Kirksville, Mo.

22c. DATE SIGNED

7-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-20-1962

23c. NAME OF CEMETERY OR CREMATORY

Highland Park Cemetery Kirksville, Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Davis & Davis, Kirksville, Mo.

25. DATE RECD. BY LOCAL REG.

July 20, 1962

26. REGISTRAR'S SIGNATURE

Doris W. Ratliff

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0017

2 0017

3

4 0

5 2

6

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9 332X

10

11

12 86-2

13 1-0

Permit issued July 20, 1962

GEORGE H. SCHEURER, D O

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.